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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (i))	17	-20* =	0	x \$ 18.00 =	\$ 0.00
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (j))	3	-3** =	0	x \$ 80.00 =	0.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ 0.00 =	0.00
				BASIC FEE (37 CFR 1.16)	710.00
Total of above Calculations =					710.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					0.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL = 710.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0534:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 930.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: 2 Terminal Disclaimers

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

## 14. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

## 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print IType)

Donald R. Boys

Signature

Registration No. (Attorney/Agent)

35,074

Date

03/21/2001